ENROLLMENT APPLICATION FORM

School Year 2027-2028

Infant Toddler Children's Center
978-263-2064
info@itcacton.org
149 Central St., Acton, MA 01720

CHILD INFORMATION

Child's Name: Gender: ☐ F ☐ M

Date of Birth: ☐ Due Date Age as of Sep. 1, 2027:

PARENT / GUARDIAN INFORMATION

Parent / Guardian #1 Name:

Relationship to Student: Home Phone:

Cell Phone: Email Address:

Home Address:

Parent / Guardian #2 Name:

Relationship to Student: Home Phone:

Cell Phone: Email Address:

Home Address:

SIBLINGS

Name of siblings that are or have been enrolled at ITC:

Name of siblings* that are also applying:

** Please note a separate application form must be filled out for each child.*

ENROLLMENT REQUEST

Hours available: 7:45 AM-5:00 PM. All arrivals by 9:00 AM. No departures between 1:00 and 3:00 PM.
Requested schedules should be on the full or half hour, except for the 7:45 AM start time.
Infants have a minimum of 30 hours per week. All other groups have a minimum of 20 hours per week.

Schedule Requested:

☐ Full Time (30+ hours/week)

☐ Part Time

Length of Year Requested:

☐ School Year
(August 30, 2027 -June 29, 2028)

☐ Full Year
(August 30, 2027 - August 18, 2028)

Schedule Requested: Mon Tues Wed Thurs Fri
i.e. 8-5PM

How did you hear about ITC:

AGREEMENT

☐ $50.00 application fee per family. Check or cash accepted; make check out to Infant Toddler Children's Center.

Date: Signature: _____

FOR OFFICE USE ONLY

Application Fee Received: ☐

Application Received (Date): _____ Initial Application Received (Date): _____